

TACTICAL RESPONSE REPORT/Chicago Police Department

	1. DATE OF INCIDENT 07-APR-2016	TIME 18:44:00	2. ADDRESS OF OCCURRENCE 7031 S MERRILL AVE CHICAGO, IL 60649	3. LOCATION CODE 090	4. BEAT/OCCUR 0331				
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME JAUDON	7. FIRST NAME SHAUN G	8. STAR NO. 12119	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE 60	12. HT 215	13. WT 60
	14. DATE OF APPT. 01-AUG-2012	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 003 0331	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On-Duty <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
SUBJECT INFORMATION	20. LAST NAME GUNN	21. FIRST NAME WALTER	22. M.I. L	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 26-MAY-1944	26. HT 606	27. WT. 220	
	28. ADDRESS 1357 N LEAVITT ST CHICAGO, IL 60622	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED/BLUNT INSTRUMENT, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
33. WHERE WAS MEDICAL TREATMENT OBTAINED? JACKSON PARK HOSPITAL FOUNDATION	34. BY WHOM? DR. FREDERICK	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED [REDACTED]	37. CB NO [REDACTED]	IR NO. [REDACTED]	DNA [REDACTED]			
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER <input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	ACTIVE RESISTER <input type="checkbox"/> FLED <input checked="" type="checkbox"/>	ASSAULTANT ASSAULT <input type="checkbox"/> IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ASSAULTANT BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> <input type="checkbox"/> OTHER _____	ASSAULTANT DEADLY FORCE <input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> <input type="checkbox"/> WEAPON <input type="checkbox"/> <input type="checkbox"/> OTHER _____				
	SUBJECT'S ACTIONS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> <input type="checkbox"/> OTHER _____	MEMBERS RESPONSE <input type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> <input type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> <input type="checkbox"/> ARMBAR <input type="checkbox"/> <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> <input type="checkbox"/> W/AUTHORIZATION <input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> <input type="checkbox"/> CANINE <input type="checkbox"/> <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> <input type="checkbox"/> TASER (Contact Stim) <input type="checkbox"/> <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> <input type="checkbox"/> KICKS <input type="checkbox"/> <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FIREARM <input type="checkbox"/> <input type="checkbox"/> OTHER _____			
WEAPON DISCHARGE INCIDENT	38. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40. ADDITIONAL INFORMATION						
	POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 02 Night <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS OTHER		
45. MAKE/MANUFACTURER [REDACTED]	46. MODEL [REDACTED]	47. BARREL LENGTH [REDACTED]	48. CALIBER/GAUGE [REDACTED]						
49. TASER DART ID NO [REDACTED]	50. WEAPON SERIAL NO (Include letters) [REDACTED]	51. CHICAGO GUN REG. NO [REDACTED]	52. IL FIREARM OWNER ID. NO [REDACTED]	53. HANDGUN CERTIFICATE NO [REDACTED]					
54. SPECIAL WEAPON CERTIFICATE NO [REDACTED]	55. PROPERTY INVENTORY NO [REDACTED]	56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]					
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN HELD <input type="checkbox"/> 01 RT SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT SIDE (WAIST)	63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO					
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]								
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN									
71. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
SIGNATURES	73. REPORTING MEMBER (Print Name) JAUDON, SHAUN G 07-APR-2016 23:28:45	STAR/EMPLOYEE NO. 12119	SIGNATURE [REDACTED]						
	74. REVIEWING SUPERVISOR (Print Name) SAUTKUS, STEVEN J	STAR NO. 1381	SIGNATURE [REDACTED]	DATE REVIEWED 07-APR-2016 23:31:05	TIME				

1609812185
T.O. EVENT NO.

HZ217334
T.O. RD. NO.

LOG# 1080018
Attachment 30

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt was unable to interview the offender because he was taken to Jackson Park Hospital for mental evaluation.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the reports submitted at this time, the officer's actions were in compliance with department rules and regulations. Cross reference this with Log #1080010 obtained by Sgt Kennedy #1826 from IPRA at 2101 hrs.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES. I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name) WILLIAMS, TERESA H	SIGNATURE [REDACTED]	DATE COMPLETED 08-APR-2016 17:13:25	TIME
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79. TOTAL TIRS: THIS EVENT No.